Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

#### UNITED STATES DISTRICT COURT

for the Middle District of Rennsylvania

Division

Hashin hareem Farlow

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

pennsylvania bepartment of corrections

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

3:20 ~ CV - 03 +9

FILED SCRANTON

FEB 2 7 2020

DEPUTY OF

#### COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

he Pa	arties to This Complaint	
A.	The Plaintiff(s)	
	Provide the information below for needed.	each plaintiff named in the complaint. Attach additional pages if
	Name	Hashim Kareem Farlow
	All other names by which	
	you have been known:	
	ID Number	MP 1789
	Current Institution	SCI-Dallas
	Address	1000 Follies Road
		DAIGS PA 18612
		City State Zip Code
_		
B.	The Defendant(s)	
	the person's job or title (if known) an	contained in the above caption. For an individual defendant, include ad check whether you are bringing this complaint against them in their neity or both. Attach additional pages if needed
·	the person's job or title (if known) an individual capacity or official capacity Defendant No. 1	ad check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed.
ı	the person's job or title (if known) an individual capacity or official capa  Defendant No. 1  Name	nd check whether you are bringing this complaint against them in their
,	the person's job or title (if known) an individual capacity or official capacity of official capacity of official capacity or official	ad check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed.
1	the person's job or title (if known) an individual capacity or official capa  Defendant No. 1  Name  Job or Title (if known)  Shield Number	ad check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed.
	the person's job or title (if known) and individual capacity or official capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer	ad check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed.
	the person's job or title (if known) an individual capacity or official capa  Defendant No. 1  Name  Job or Title (if known)  Shield Number	Rennsylvan Department of Cor  Department of Partment of Cor
	the person's job or title (if known) and individual capacity or official capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer	red check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed.  Rennsylvan Department of Cov
	the person's job or title (if known) and individual capacity or official capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer	Allas  City  State  Attach  Pennsylvan  Pe
	the person's job or title (if known) and individual capacity or official capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer  Address	Allas  City  State  Attach  Pennsylvan  Pe
	the person's job or title (if known) and individual capacity or official capacity of official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer  Address  Defendant No. 2	Allas  City  Individual capacity  Attach additional pages if needed.  Pennsylvan  Department of Cov  State  Zip Code  Individual capacity  Official capacity
	the person's job or title (if known) and individual capacity or official capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer  Address  Defendant No. 2  Name	Allas  City  State  Zip Code  Individual capacity  Consultation  B. Conway
	the person's job or title (if known) and individual capacity or official capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer  Address  Defendant No. 2  Name  Job or Title (if known)	Allas City  Brace  City  Brace  Conway  Control  Conversed to the control  Conversed to the control  Conversed to the control  Conversed to the conversed to the control  City  City  City  Conversed to the conve
	the person's job or title (if known) and individual capacity or official capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer  Address  Defendant No. 2  Name  Job or Title (if known)  Shield Number	Department of Cov  Rennsylvan Department of Cov  Ballas PA 18612  City State Zip Code  Individual capacity Vofficial capacity  B. Conway  I don't know this guy  First name
	the person's job or title (if known) and individual capacity or official capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer  Address  Defendant No. 2  Name  Job or Title (if known)  Shield Number  Employer	DAILAS PA 18612  City State Zip Code  Individual capacity  DAILAS PA 18612  City State Zip Code  Converted Annow this guy  First Name  Correctional Officer  Dailas PA 18612
	the person's job or title (if known) and individual capacity or official capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer  Address  Defendant No. 2  Name  Job or Title (if known)  Shield Number  Employer	Dellas Per 18612  City State Zip Code  Individual capacity  Brown Conway  This gay  First name  Correctional Official against them in their

Pro Se 1	4 (Rev. 12/	/16) Complaint for Violation of Civil Rights (Prisoner)	
		Defendant No. 3  Name  Job or Title (if known)  Shield Number  Employer  Address  City State Zip Code  Individual capacity Official capacity	
		Defendant No. 4 Name	
		Job or Title (If known)	
		Shield Number	
		Employer	
		Address	
		City State Zip Code	
		Individual capacity Official capacity	
II.	Basis	for Jurisdiction	
	immur Federa	42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or nities secured by the Constitution and [federal laws]." Under Bivens v. Six Unknown Named Agents of al Bureau of Narcotics, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain tutional rights.	
	A.	Are you bringing suit against (check all that apply):	
		Federal officials (a Bivens claim)	
		State or local officials (a § 1983 claim)	
	В.	Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?  PREA Prison Lape Elimination Act  Sexual Harass ment Zero Toleran  Rolicy Character decamation lan Suff	ice
	C.	Plaintiffs suing under <i>Bivens</i> may only recover for the violation of certain constitutional rights. If you are suing under <i>Bivens</i> , what constitutional right(s) do you claim is/are being violated by federal	

officials?

Pro Se	14 (Rev. 12	(16) Complaint for Violation of Civil Rights (Prisoner)							
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.							
III.	Prison	ner Status							
	Indica	te whether you are a prisoner or other confined person as follows (check all that apply):							
		Pretrial detainee							
		Civilly committed detainee							
		Immigration detainee							
	$\checkmark$	Convicted and sentenced state prisoner							
		Convicted and sentenced federal prisoner							
		Other (explain)							
IV.	Statem	ent of Claim							
	alleged further any case	briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain nt of each claim in a separate paragraph. Attach additional pages if needed.							
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.							
	B.	If the events giving rise to your claim arose in an institution, describe where and when they arose.							
		on September 23 2019							

## attached B IV

6960

I asked C'o Conway For a PASS SO that I can go to the chow Hall so that I can Eat, Because Im Missing my Inmate ID. He than gave me A priss to go Eat Lunch and called me a Homosexual. He Stated Homo Farlow. My name Is Hashim Farlow and Homo Is bus short For Homosexual. On September 25th I went to the outside Hospital and get stitches on my Right wrist. two daystockers After the Incident when C'o chilled Ever me a Homosexual Ressen Tystitches was because c'o Conway toid? the Immates In the Jail That Im a Homosexual. Everybody In S. C. I Dallas In gay, agasseous And Even The people In my Religion Been treating me different.

The reason I got stitches In my Right wrist Is because of the Jonah The Glass on C-Block and I had to got to the the outside Hospital. Because Co Conway Kumor Im gay I was Really stressed and depressed that I lost control and & and out of frostration I self Itarm myself.

#### Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

C. What date and approximate time did the events giving rise to your claim(s) occur?

September 23rd 2019

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

It was people around they were not Aware of what he wrote

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

yes I got stitches of Im my fight wrist because of Accusation people been accusing Me of being gay because of c'o conway which lead me to punching the window on C-Blocki

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

-Sexual Harrassment - Because I was called a Homosexual

By a C'o That's suppose be trush worthy person I

ean depend on for protections

pain In Suffering - By cuse I was so stressed I punched

the glass on c-Block and had to get stitches.

- Character defamation - Because I is against

my Religion and My Beliet.
\$ 50000 50,000 thousand dollars.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner	Pro	Se 14	(Rev.	12/16)	Complaint	for V	iolation	of Civil	Rights	(Prisone:
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#### VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A,	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	S.C.I Dallas
B.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	□ No
	Do not know
	If yes, which claim(s)?

le 14 (Rev. )	2/16) Complaint for Violation of Civil Rights (Prisoner)
D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	▼ Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	S.C. I Dallas
	2. What did you claim in your grievance? That I was to Violated By CO Conway, I was Sexually Harrassed by CO Conway, That I punched the glass because co conway got All the Imates In S. C. I Dallas Believing Im gay.
	3. What was the result, if any? The Every Stee I took In the Brichance process were responding By Saying It's being Investigate By PREM, Prison Rape Elimination Act, will I I sent It to Secretar office of Inmates Griedance and Appendis
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)  I wrote a Initial Grievance It being Investigated by RIEVA I wrote the Facility manager because It was benied because It should be restricted (Report Feriew by Facility Grievance cordinator Prison Report Elimination Act, and wrote Greener Secretary
	of Innation Het was Denied because I didn't have my paperwork needed Page 7 of 11 because All my paper was stolen By The c'os During a cell search.
	The cos buring a cell search.

F.	If you did not file a grievance:
	1. If there are any reasons why you did not file a grievance, state them here:
	<ol> <li>If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:</li> </ol>
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I reported the Incident to P.RE. A / BC I Prise Rape Elimination Act, Zevo Tolerance Policy. They res
Previo	remedies. I reported the Incident to Pile A BCI Prisonal Elimination Act, Zero Tolerance Policy They results the Allegation have previously been reported and we determined not to be krepeated to thingger a formal Investigation have been logged For tracking proposes a (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.) will trigger a formal Investigation If Lepa
The "the filithe brough malicid	aree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying a fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, ous, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
To the	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
☐ Y	
N	

Pro Se 14 (Rev.	12/16) Complaint for Violation of Civil Rights (Prisoner)
A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?  Yes  No
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit Plaintiff(s)
	Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	3. Docket or index number
	4. Name of Judge assigned to your case
	5. Approximate date of filing lawsuit
	6. Is the case still pending?
	Yes
	□ No
	If no, give the approximate date of disposition.
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Se 14 (Rev. 1	2/16) C	complaint for Violation of Civil Rights (Prisoner)
		Yes
		No
D.		your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is ore than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit Plaintiff(s) Defendant(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
		If no, give the approximate date of disposition
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

#### Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

#### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2	-15-2020		
Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Hashim Farls MP7789 1000 Follies Dallas City	Pagd 13612 State	1861 L Zip Code
For Attorneys		V	
Date of signing:			
Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address			
Telephone Number E-mail Address	City	State	Zip Code
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address  For Attorneys  Date of signing:  Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address  Telephone Number	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address  Too Follies  Dallas  City  For Attorneys  Date of signing:  Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm Address  City  Telephone Number	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address    1000 Follies Load

# FILED SCRANTON

FEB 2 7 2020

I do not have my PER EMDEPOTY CLERK 12/974 because when I went to the PHU my preperwork Regarding this matter was stolen from me from the Doc. In Also Missing my Grievance that I sent to MR. Ranson the Jail Superantement But I do have a copy of How to perpond by Saying It's being Investigated by PREM. felice Prison Rape Elimination Act. Could you help me get A discovery of All The missing paperwork that In missing. In Also Submitting how PREA ZENO toleruna policy Peply to ma when I sobret Report to Them How I was sexually Harrand by the C'O But Also The Initial Report was stolen. Could you help me get a copy my p. R. EA Discovery Report. I Sending a copy of the substitute PHSS Santaphany Sider That was Stolen From me also best before I went to the RHU I sent The pass to my sister and She sent It back to me'. Again In missing Alot of paperwork because

It was stolen by the C'o's when

cell surrched If I can get A copy

of my discovery you would see that

I add want throught the proper grimmer

procedure. Thank you For your time

and patience

Hash Farlow

Also can you
Assign me a Lawyer
So I can get help
with my case because
It's hard for me understanding
How to do these things by myself
I don't want These people
to get away with what
They don't to me.



#### Facility Manager's Appeal Response

SCI Dallas 1000 Follies Rd Dallas, PA, 18612-0286

12/10/2019 11:43

Inmate Name:	FARLOW, HASHIM	DOC #:	MP7789
Facility:	Dallas	Unit Location:	17 / C
Grievance #:	828620		

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Gnevance System Policy", the following response is being provided based on a review of the entire record of this gnevance. The review included your initial gnevance, the Gnevance Officer's response, your appeal to me and any other documents submitted.

#### **Decision:Dismiss/Dismiss Untimely**

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

#### Response:

I have reviewed the above-noted grievance, the Grievance Officer's response and your subsequent appeal of said grievance. My decision is as follows:

This grievance is being dismissed at this level due to grievances related to the following issues shall be handled according to the procedures specified in the policies listed and shall not be reviewed by the Facility Gnevance Coordinator. DC ADM 008 Prison Rape Elimination Act (PREA) – allegations of a sexual nature against a staff member and/or inmate-on-inmate sexual contact.

Signature:

Name

K. Ransom

Title:

Facility Manager

Ultiple

Title:

cc: DC-15 File

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

MP7789 Grievance #:828620

FARLOW, HASHIM

Page1 of 1

Issued: 1/26/2016 Effective: 2/16/2016

STATES AND SERVED SERVE

5192 3 I AON

RECEIVED

TIME OUT TIME OUT TIME OUT TIME IN TIME IN Cell Assignment Name Date SIGNATURE SIGNATURE INMATE PASS SLIP DESTINATION AUTHORITY Housing Unit AUTHORITY AUTHORITY Destination RETURN ISSUING

INMEDIATE MUST TURN IN PASS IMMEDIATELY UPON COMPLETION OF THE PURPOSE FOR PASS

QLSSES



December 3, 2019

Hashim Farlow, MP7789
State Correctional Institution Dallas

Dear Mr. Farlow,

This letter serves as a response to your October 28, 2019 correspondence addressed to the BCI/PREA Coordinator reporting address with the Pennsylvania State Police. This correspondence is to confirm that your allegations were received and:

☐ Forwarded to facility investigators to initiate an inquiry into your claims.

☑ The allegations have previously been reported and were determined not to be "repeated" to trigger a formal investigation. The allegation has been logged for tracking purposes and will trigger a formal investigation if repeated.

☐ The contents of your correspondence are unrelated to the Prison Rape Elimination Act (PREA) and the established purpose of this address. You are advised:

The above information should sufficiently address your concerns.

Sincerely.

David Radziewicz

PREA Coordinator

DR/jd

cc: Chief Carole A. Mattis, Bureau of Standards, Audits, Assessment, and Compliance CCPM/PCM Michael Goyne, SCI Dallas (via email) file

717.728.2092 | www.cor.pa.gov -

# Inmate Appeal to Final Review GRIEVANCE

INMATE NUMBER NAME FACILITY DATE GRIEVANCE#

MP 7789 Hashim Favlow S.C.I Dallas 12-21-19 828620

I received my appeal from the Superintendent on 12-10-2019 and have the following appeal issues.

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions.

Please provide a BRIEF (no longer than two pages) appeal statement.

Appeals must relate to the issue presented in the initial grievance and 1st level appeal.

All the paperwork, Leading of process, because My Legal of chow Hall DASS When Pass Homo tarlow Homo been Spreading am aqui muslim 9 agust treating as hypocri and de pressed outside hospital. the doctor could tate troopers because I don't feel

INMATE SIGNATURE:

DC-ADM 804, Inmate Grievance System Procedures Manual Section 2 – Appeals

Issued: 12/1/2010 Effective: 12/8/2010 At S.C. I Dallas, Instead I was given medicine and was pot to sleep my whole Stay At the ootside Hospital, And I never got to speak with the state troopers. I Spokerwattors I Also contact PREA and Report the Incident. I do not have a copy of the pass because best october 23rd I went to the RHO, And All my legal paperwork Is missing but of my property I filed another grievance About my missing Legal work. However I sent a copy to my sister and she will be sending a copy of the Imate pass Scow. As a Relief I would like \$50,000 Amo Fifty thousand Dollars put Into my trust account.

2019

### ACTION REQUIRED Secretary's Office of Inmate Grievances & Appeals

Pennsylvania Department of Corrections 1920 Technology Parkway Mechanicsburg, PA 17050

This serves to acknowledge receipt of information based on your intent to appeal the grievance noted below to final review. However, this information is being filed without action since you have failed to comply with one or more provisions outlined in DC-ADM 804, Inmate Grievance System Policy.

Inmat	e Name:	HASHIM FARLOW	Inmate Number: MP	7789				
	iled at:	DAL	Current SCI: DAI					
			Cultura Sol.					
Griev	Grievance #: 828620							
	Action: File Without Action/Pending							
		formation you provided indicates that your app						
		u have complied with the procedures establish						
		ppeal be provided upon appeal. Therefore, you ffice with all completed documents necessary fo						
		ntified below) within this time period may result						
		not contain the required documents may result						
		may not be provided again.			to only a councery			
		PLEASE FORWARD A COPY OF THE DO	CUMENTS CHECKED (XX)	BELOW				
		Standard or Remanded Ap						
XX		opy of your initial grievance and/or resubmitted	I Initial grievance (DC-804 Pa	art 1 form)				
XX		iew response and/or rejection						
XX		opy of your appeal to Facility Manager, signed	& dated					
		lanager's appeal response						
		ed initial review response	and 0 dated					
		opy of your 2 <sup>nd</sup> appeal to Facility Manager, sign	ied & dated					
	Remanded Facility Manager's appeal response  Written appeal to final review, signed & dated							
	44111101110		AF Ph					
	IDDC de	Appeal of Publica	ition Denial:					
		cision to deny publication opy of your appeal to Facility Manager, signed	8 datad					
		lanager's appeal response	& dated					
		ppeal to final review, signed & dated						
	441/6611 6		Doctricular					
	Criovana	Appeal of Grievano	e Restriction:					
·	Grievance Coordinator's notice of grievance restriction  Legible copy of your appeal of grievance restriction to the Facility Manager, signed & dated							
	Facility Manager's appeal response							
Written appeal to final review, signed & dated								
Please Note:								
<ul> <li>Photocopying Services - Each facility has established local procedures for photocopying services for inmates housed in general</li> </ul>								
р	population, as well as for those inmates housed in specialized units. If you are not familiar with these procedures, refer to your							
F	acility Inma	te Handbook or ask your Unit Team. If you do not	have the requested document(s	s) to make a	photocopy, contact			
	•	Grievance Coordinator for additional copies. Fees ma	-					
	ndigent Inm nd copylng	ate – If you meet the criteria for indigent status, pleas charges.	SE LEIBL TO DO YOM 803 LOL CITLE	ent guideilne	s regarding postage			
Signa		Amanda West / / / ) 8 / _	Grievance Review Officer	Date:	01.09.2020			
AMW	Luie.	The state of the s	OTTO TO		V 1.40,E42			
A MANUAL	MM .							

cc: DC-15/Superintendent -- DAL Grievance Office Case 3:20-cv-00349-WEM EBG Document 1 Filed 03/02/20 Page 22 of 22 Inmate mail

State correctional Institute Dallas 1000 Follies Road Dallas RA, 18612

> " United States Distr middle District of penns Clerk Court-Mary E. Clerk Court-Mary E. U.S post Office and Cour Scranton, PA 18501

> > - Սիկութիվիինինինի հայտերի հերիայի